United States Bankruptcy Court Southern District of Mississippi

In re: Case No. 25-50196-KMS

Justin Ryan Kelley Chapter 13

Heather Lynn Kelley

Debtors

# CERTIFICATE OF NOTICE

District/off: 0538-6 User: mssbad Page 1 of 2
Date Rcvd: May 14, 2025 Form ID: pdf012 Total Noticed: 2

The following symbols are used throughout this certificate:

Symbol Definition

+ Addresses marked '+' were corrected by inserting the ZIP, adding the last four digits to complete the zip +4, or replacing an incorrect ZIP. USPS

regulations require that automation-compatible mail display the correct ZIP.

Notice by first class mail was sent to the following persons/entities by the Bankruptcy Noticing Center on May 16, 2025:

Recip ID Recipient Name and Address

db + Justin Ryan Kelley, 541 SW Rosemary Dr., Lake City, FL 32024-6717 jdb Heather Lynn Kelley, 241 SW Rosemary Dr., Lake City, FL 32024

TOTAL: 2

Notice by electronic transmission was sent to the following persons/entities by the Bankruptcy Noticing Center.

Electronic transmission includes sending notices via email (Email/text and Email/PDF), and electronic data interchange (EDI).

NONE

## BYPASSED RECIPIENTS

The following addresses were not sent this bankruptcy notice due to an undeliverable address, \*duplicate of an address listed above, \*P duplicate of a preferred address, or ## out of date forwarding orders with USPS.

NONE

#### NOTICE CERTIFICATION

I, Gustava Winters, declare under the penalty of perjury that I have sent the attached document to the above listed entities in the manner shown, and prepared the Certificate of Notice and that it is true and correct to the best of my information and belief.

Meeting of Creditor Notices only (Official Form 309): Pursuant to Fed .R. Bank. P.2002(a)(1), a notice containing the complete Social Security Number (SSN) of the debtor(s) was furnished to all parties listed. This official court copy contains the redacted SSN as required by the bankruptcy rules and the Judiciary's privacy policies.

Date: May 16, 2025 Signature: /s/Gustava Winters

# CM/ECF NOTICE OF ELECTRONIC FILING

The following persons/entities were sent notice through the court's CM/ECF electronic mail (Email) system on May 14, 2025 at the address(es) listed below:

Name Email Address

David Rawlings

ecfnotices@rawlings13.net sduncan@rawlings13.net

Thomas Carl Rollins, Jr

on behalf of Joint Debtor Heather Lynn Kelley trollins@therollinsfirm.com

jennifer@the rollins firm.com; trollins.the rollins firm.com@recap.email; notices@the rollins firm.com; kerri@the rollins firm.com; breading from the rollins firm.com; kerri@the rollins firm.com;

nne@therollinsfirm.com;TRollins@jubileebk.net;calvillojr81745@notify.bestcase.com

Thomas Carl Rollins, Jr

on behalf of Debtor Justin Ryan Kelley trollins@therollinsfirm.com

jennifer@therollinsfirm.com;trollins.therollinsfirm.com@recap.email;notices@therollinsfirm.com;trollinsfirm.com

nne@therollinsfirm.com;TRollins@jubileebk.net;calvillojr81745@notify.bestcase.com

United States Trustee

USTPRegion05.JA.ECF@usdoj.gov

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TOTAL: 4



#### SO ORDERED,

Judge Katharine M. Samson United States Bankruptcy Judge Date Signed: May 14, 2025

The Order of the Court is set forth below. The docket reflects the date entered.

# UNITED STATES BANKRUPTCY COURT SOUTHERN DISTRICT OF MISSISSIPPI

In re: JUSTIN RYAN & HEATHER LYNN KELLEY,

Case No.25-50196 KMS

Chapter 13

### **ORDER CONFIRMING CHAPTER 13 PLAN**

The Debtors' plan was filed on February 13, 2025, and amended/modified by subsequent order(s) of the court, if any. The plan was transmitted to creditors pursuant to Bankruptcy Rule 3015. The court finds that the plan meets the requirements of 11 U.S.C. § 1325.

#### IT IS ORDERED THAT:

**DEBTORS** 

- 1. The Debtors' chapter 13 plan attached hereto is confirmed.
- 2. The following motions are granted (if any):
  - a. Motion for valuation of security, payment of fully secured claims, and modification of undersecured claims made under Rule 3012 (§ 3.2 of the plan);
  - b. Motion to avoid lien pursuant to Section 522 (§ 3.4 of the plan).
- 3. The stay under Section 362(a) is terminated as to the collateral only and the stay under Section 1301 is terminated in all respects regarding collateral listed in Section 3.5 of the plan (if any).
- 4. All property shall remain property of the estate and shall vest in the debtor only upon entry of discharge. The debtor shall be responsible for the preservation and protection of all property of the estate not transferred to the trustee.
- 5. The Debtors' attorney fees will be awarded by separate Order(s) of the Court and paid from the estate. See DK# 28

##END OF ORDER##

Approved:

/s/ THOMAS C. ROLLINS, JR Attorney for the Debtors

Submitted By:

/s/ DAVID RAWLINGS, TRUSTEE
P.O. BOX 566
HATTIESBURG, MS 39403
(601) 582-5011 ecfNotices@rawlings13.net

Fill in this information to identify your case:

| Debtor 1  | Justin Ryan Kelley   |  |  |  |  |
|---|--|--|--|--|--|
|   | Full Name (First, Middle, Last)  |  |  |  |  |
| Debtor 2  | Heather Lynn Kelley  |  |  |  |  |
| (Spouse, if filing                                |  |  |  |  |  |
|   | SOUTHERN DISTRICT OF Bankruptcy Court for the MISSISSIPPI  |  | s is an amended plan, and                                |  |  |
| Case number:                                      | 25-50196   | have been ch                                     | e sections of the plan that nanged.                      |  |  |
| (If known)  |  | 4.4, 5.1   |  |  |  |
| Chapter 13  | Plan and Motions for Valuation and Lien Avoidance  |  | 12/17  |  |  |
| Part 1: Noti                                      | ces  |  |  |  |  |
| Γο Debtors:                                       | This form sets out options that may be appropriate in some cases, but the prindicate that the option is appropriate in your circumstances or that it is per do not comply with local rules and judicial rulings may not be confirmable. debts must be provided for in this plan. | rmissible in your judie                          | cial district. Plans that                                |  |  |
|   | In the following notice to creditors, you must check each box that applies   |  |  |  |  |
| To Creditors:                                     | Your rights may be affected by this plan. Your claim may be reduced, modified, or eliminated.  |  |  |  |  |
|   | You should read this plan carefully and discuss it with your attorney if you have an attorney, you may wish to consult one.  | one in this bankruptcy                           | case. If you do not have                                 |  |  |
|   | If you oppose the plan's treatment of your claim or any provision of this plat to confirmation on or before the objection deadline announced in Part 9 of (Official Form 309I). The Bankruptcy Court may confirm this plan without is filed. See Bankruptcy Rule 3015.           | he Notice of Chapter                             | 13 Bankruptcy Case                                       |  |  |
|   | The plan does not allow claims. Creditors must file a proof of claim to be paid un   | nder any plan that may                           | be confirmed.  |  |  |
|   | The following matters may be of particular importance. Debtors must check on plan includes each of the following items. If an item is checked as "Not Incluprovision will be ineffective if set out later in the plan.   |  |  |  |  |
|   | nit on the amount of a secured claim, set out in Section 3.2, which may result in tial payment or no payment at all to the secured creditor  | <b>✓</b> Included                                | ☐ Not Included   |  |  |
| 1.2 Avoi  | dance of a judicial lien or nonpossessory, nonpurchase-money security interest, at in Section 3.4.   | _ Included                                       | ✓ Not Included   |  |  |
|   | tandard provisions, set out in Part 8.   | <b>✓</b> Included                                | ☐ Not Included   |  |  |
|   |  |  |  |  |  |
|   | Payments and Length of Plan  |  |  |  |  |
| 2.1 Leng  | th of Plan.  |  |  |  |  |
| The plan period fewer than 60 n specified in this | I shall be for a period of 60 months, not to be less than 36 months or less than 6 months of payments are specified, additional monthly payments will be made to the explan.   | 0 months for above me<br>stent necessary to make | dian income debtor(s). If<br>e the payments to creditors |  |  |
| 2.2 Debt  | or(s) will make payments to the trustee as follows:  |  |  |  |  |
|   | y ( monthly, semi-monthly, weekly, or bi-weekly) to the chapter 1 ing payment shall be issued to the debtor's employer at the following address:   | 3 trustee. Unless other                          | wise ordered by the court,                               |  |  |
|   |  |  |  |  |  |
|   |  |  |  |  |  |
|   |  |  |  |  |  |
|   |  |  |  |  |  |

| Debtor            |  | ustin Ryan Kelley<br>eather Lynn Kelley                              |   | Case number   | 25-50196  |                |
|-------------------|--|--|---|---|---|----------------|
|                   |  |  |   | weekly, or v bi-weekly) to to the debtor's employer at the foll   |   | ss otherwise   |
|                   | H  | Hattiesburg Clinic   |   |   |   |                |
|                   | _  | 115 South 28th Ave   |   |   |   |                |
|                   | <u> </u>   | Hattiesburg MS 39401-0   | 000   |   |   |                |
| 2.3               | Income t   | ax returns/refunds.  |   |   |   |                |
|                   |  | l that apply<br>Debtor(s) will retain any e                          | xempt income tax refunds re                                 | eceived during the plan term.   |   |                |
|                   |  |  |   | ncome tax return filed during the income tax refunds received du  |   | of filing the  |
|                   |  | Debtor(s) will treat income  | refunds as follows:   |   |   |                |
|                   | itional pay  | yments.  |   |   |   |                |
| Chec              | ck one.<br>✓   | None. If "None" is checke  | d, the rest of § 2.4 need not                               | be completed or reproduced.   |   |                |
| Part 3:           | Treatm   | ent of Secured Claims  |   |   |   |                |
| 3.1               | Mortgag  | es. (Except mortgages to   | be crammed down under 1                                     | 11 U.S.C. § 1322(c)(2) and ide  | ntified in § 3.2 herein.).                                  |                |
| <b>✓</b><br>Inser | None. I  | l that apply.<br>f "None" is checked, the re<br>al claims as needed. | st of $\S$ 3.1 need not be comp                             | oleted or reproduced.   |   |                |
| 3.2               | Motion f   | for valuation of security, p   | ayment of fully secured cl                                  | aims, and modification of un  | dersecured claims. Check                                    | one.           |
|                   |  |  |   | be completed or reproduced.<br>y <b>if the applicable box in Part</b>   | 1 of this plan is checked.                                  |                |
|                   | Pursuant to Bankruptcy Rule 3012, for purposes of 11 U.S.C. § 506(a) and § 1325(a)(5) and for purposes of determination of amounts to be distributed to holders of secured claims, debtor(s) hereby move(s) the court to value the collateral described be at the lesser of any value set forth below or any value set forth in the proof of claim. Any objection to valuation shall be filed or before the objection deadline announced in Part 9 of the Notice of Chapter 13 Bankruptcy Case (Official Form 309I). |  |   |   | described below shall be filed on                           |                |
|                   |  | of this plan. If the amount treated in its entirety as an            | of a creditor's secured clain<br>unsecured claim under Part | ount of the secured claim will be a is listed below as having no v 5 of this plan. Unless otherwise ols over any contrary amounts | alue, the creditor's allowed<br>e ordered by the court, the | claim will be  |
| Name o            | of creditor  | Estimated amount of creditor's total claim #                         | Collateral  | Value of collateral   | Amount of secured claim                                     | Interest rate* |
| Gm Fi             | nancial  | \$12,399.14  | 2019 Chevrolet<br>Silverado 83857<br>miles                  | \$25,101.00   | \$12,399.14   | 10.00%         |
| Insert ad         | lditional cl   | aims as needed.  |   |   |   |                |
| #For mo           | bile homes   | and real estate identified in  | n § 3.2: Special Claim for ta                               | xes/insurance:  |   |                |
| -NONE             | Name of  | creditor   | Collateral  | Amount per month  | Begin<br>month  | ning           |

<sup>\*</sup> Unless otherwise ordered by the court, the interest rate shall be the current Till rate in this District

| Debtor    |                          | Justin Ryan Kelley<br>Heather Lynn Kelley   | Case number   | 25-50196                             |               |
|-----------|--------------------------|---|---|--------------------------------------|---------------|
| For veh   | icles ide                | ntified in § 3.2: The current mileage is  |   |                                      |               |
| 3.3       | Secure                   | ed claims excluded from 11 U.S.C. § 506.  |   |                                      |               |
| Chec      | ck one.                  | <b>None</b> . <i>If "None" is checked, the rest of § 3.3 need</i> The claims listed below were either:  | d not be completed or reproduced.   |                                      |               |
|           |                          | (1) incurred within 910 days before the petition d acquired for the personal use of the debtor(s),  |   | security interest in a motor veh     | icle          |
|           |                          | (2) incurred within 1 year of the petition date and   | secured by a purchase money securi  | ty interest in any other thing of v  | value.        |
|           |                          | These claims will be paid in full under the plan w<br>claim amount stated on a proof of claim filed before<br>contrary amount listed below. In the absence of a   | ore the filing deadline under Bankrup                                       | tcy Rule 3002(c) controls over a     | any           |
| Vystar    | Nar<br>Credit            |   | Collateral<br>3 miles   | Amount of claim Inter<br>\$55,819.74 | est rate*     |
|           |                          | se ordered by the court, the interest rate shall be the   |   |                                      |               |
| Insert ac | lditional                | claims as needed.   |   |                                      |               |
| 3.4       | Motion                   | n to avoid lien pursuant to 11 U.S.C. § 522.  |   |                                      |               |
| Check o   | ne.                      | None. If "None" is checked, the rest of § 3.4 need  | d not be completed or reproduced.   |                                      |               |
| 3.5       | Surrender of collateral. |   |   |                                      |               |
|           | Check  ☐  ✓              | None. If "None" is checked, the rest of § 3.5 need. The debtor(s) elect to surrender to each creditor I that upon confirmation of this plan the stay under under § 1301 be terminated in all respects. Any a treated in Part 5 below. | isted below the collateral that secures 11 U.S.C. § 362(a) be terminated as | to the collateral only and that th   | e stay        |
|           |                          | Name of Creditor  |   | Collateral                           |               |
|           | Resorts                  | •   | 2650 Las Vegas Blvd Las Ve<br>22 Bedford Forest Ln Hattie                   | egas, NV 89109 Clark Coun            | ity<br>Sounty |
|           | ortgage                  | claims as needed.   | 22 Bediord Forest Lit Hattie  | spurg, MS 35401 Forrest C            | ounty         |
| mseri ui  | iaiiionai                | ciums us neeueu.  |   |                                      |               |
| Part 4:   | Treat                    | ment of Fees and Priority Claims  |   |                                      |               |
| 4.1       |                          | al  's fees and all allowed priority claims, including do t postpetition interest.  | mestic support obligations other than                                       | those treated in § 4.5, will be pa   | aid in full   |
| 4.2       |                          | e's fees<br>e's fees are governed by statute and may change dur   | ing the course of the case.   |                                      |               |
| 4.3       | Attorn                   | ey's fees.  |   |                                      |               |
|           | ☐ No                     | look fee:   |   |                                      |               |
|           | To                       | otal attorney fee charged:  |   |                                      |               |

| Debtor   | Justin Ryan Kelley<br>Heather Lynn Kelley   | Case number  | 25-50196                      |  |  |
|----------|---|--|-------------------------------|--|--|
|          | Attorney fee previously paid:   | \$   |                               |  |  |
|          | Attorney fee to be paid in plan per confirmation order:   | \$   |                               |  |  |
|          | ✓ Hourly fee: \$ Any and all compe  | ensation allowed by the Court (Subject to  | approval of Fee Application.) |  |  |
| 4.4      | Priority claims other than attorney's f   | ees and those treated in § 4.5.  |                               |  |  |
|          | Check one.  None. If "None" is checked, the Internal Revenue Service  Mississippi Dept. of Revenue  Other   | e rest of § 4.4 need not be completed or reproduced. \$20,150.58 \$10,512.60 \$0.00                              |                               |  |  |
| 4.5      | Domestic support obligations.   |  |                               |  |  |
|          | <b>None.</b> If "None" is checked, th   | e rest of § 4.5 need not be completed or reproduced.   |                               |  |  |
|          | -   |  |                               |  |  |
| Part 5:  | Treatment of Nonpriority Unsecured  |  |                               |  |  |
| 5.1      | Nonpriority unsecured claims not sepa   | rrately classified.  |                               |  |  |
| <b>*</b> | providing the largest payment will be eff<br>The sum of \$ 35,011.14<br>% of the total amount of these cla  |  |                               |  |  |
| 5.2      | Regardless of the options checked abo   | dated under chapter 7, nonpriority unsecured claims ve, payments on allowed nonpriority unsecured claim          |                               |  |  |
| 5.2      |   | y unsecured claims (special claimants). Check one.   |                               |  |  |
|          | None. If "None" is checked, th  | e rest of § 5.3 need not be completed or reproduced.   |                               |  |  |
| Part 6:  | <b>Executory Contracts and Unexpired</b>  | Leases   |                               |  |  |
| 6.1      | The executory contracts and unexpired leases listed below are assumed and will be treated as specified. All other executory contracts and unexpired leases are rejected. <i>Check one</i> . |  |                               |  |  |
|          | None. If "None" is checked, th  | e rest of $\S$ 6.1 need not be completed or reproduced.  |                               |  |  |
| Part 7:  | Vesting of Property of the Estate   |  |                               |  |  |
| 7.1      | Property of the estate will vest in the d   | lebtor(s) upon entry of discharge.   |                               |  |  |
| Part 8:  | Nonstandard Plan Provisions   |  |                               |  |  |
| 8.1      | Check "None" or List Nonstandard P  | lan Provisions<br>e rest of Part 8 need not be completed or reproduced   | !.                            |  |  |
|          |   | visions must be set forth below. A nonstandard provis<br>d provisions set out elsewhere in this plan are ineffec |                               |  |  |

The following plan provisions will be effective only if there is a check in the box "Included" in § 1.3.

| Debtor  | Justin Ryan Kelley<br>Heather Lynn Kelley    | Case number <b>25-50196</b>  |           |
|---------|--|--|-----------|
| Absent  | an objection, any Proof of Claim filed by    | the IRS and/or MS Dept. of Revenue shall be paid pursuant to the                 | claim.    |
| Part 9: | Signatures:                                  |  |           |
| 9.1     | Signatures of Debtor(s) and Debtor(s)' Attor | rney   |           |
|         |  | t sign below. If the Debtor(s) do not have an attorney, the Debtor(s) must provi | ide their |
|         | address and telephone number.                |  |           |
|         | Justin Ryan Kelley                           | X /s/ Heather Lynn Kelley  |           |
|         | stin Ryan Kelley                             | Heather Lynn Kelley  |           |
| Sign    | nature of Debtor 1                           | Signature of Debtor 2  |           |
| Exe     | cuted on March 24, 2025                      | Executed on <b>March 24, 2025</b>  |           |
| 22      | Bedford Forrest Ln                           | 22 Bedford Forrest Ln  |           |
| Add     | lress  | Address  |           |
| Hat     | tiesburg MS 39401-0000                       | Hattiesburg MS 39401-0000  |           |
| City    | y, State, and Zip Code                       | City, State, and Zip Code  |           |
| Tele    | ephone Number                                | Telephone Number   |           |
| X /s/   | Thomas C. Rollins, Jr.                       | Date March 24, 2025  |           |
| Tho     | omas C. Rollins, Jr. 103469                  | <u> </u>   |           |
| Sign    | nature of Attorney for Debtor(s)             |  |           |
| P.O     | D. Box 13767                                 |  |           |
| Jac     | kson, MS 39236                               |  |           |
| Add     | dress, City, State, and Zip Code             |  |           |
|         | -500-5533                                    | 103469 MS  |           |
| Tele    | ephone Number                                | MS Bar Number  |           |
| trol    | llins@therollinsfirm.com                     |  |           |

Email Address